



Southwestern Forensic
Associates, Inc.

Notice of Independent Review Decision
IRO REVIEWER REPORT

Date notice sent to all parties: July 20, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Two-hour diagnostic psychological interview

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with
Certificate of Added Qualifications in Pain Management, in practice of Pain Management
full time since 1993

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse
determination/adverse determinations should be: ODG are not met for the requested
intervention.

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

ODG are not met for the requested intervention.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI referral information
2. Denial information, 5/31/12, 6/25/12
3. Response to denial letter, MS, LPC
4. Office notes, DC, 3/28/12 – 5/14/12
5. Preauthorization information
6. Peer review, MD, 6/3/12

8005 Pinto Path
Austin, TX 78736

903.348.2504 * 512.697.8301 (fax) * nan@swforensics.com

PATIENT CLINICAL HISTORY [SUMMARY]:

This individual sustained a right hip and back injury on xx/xx/xx when she fell at her job as a. She underwent a total of eight psychotherapy sessions in 03/11 and 08/11. There is persistent foot pain, which initially was deemed noncompensable, but a Benefit Review Conference ruled that it is part of the compensable injury. An orthopedic workup is in progress. The individual is performing normal work duties.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

ODG for psychological services stipulate a step process:

Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. Since an orthopedic evaluation is in progress, the foot pain has not been adequately treated, so one cannot address concerns about pain prior to a treatment plan.

Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. There is no disability since the individual is working and at normal activities, and it is too soon to evaluate pain concerns since the condition has not been adequately diagnosed or treated. There have been sessions of psychotherapy previously, and there is no information that indicates additional psychotherapy is indicated.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- _____ ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- _____ AHCPR-Agency for Healthcare Research & Quality Guidelines.
- _____ DWC-Division of Workers' Compensation Policies or Guidelines.
- _____ European Guidelines for Management of Chronic Low Back Pain.
- _____ Interqual Criteria.
- _____ Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- _____ Mercy Center Consensus Conference Guidelines.
- _____ Milliman Care Guidelines.
- ☒ ODG-Official Disability Guidelines & Treatment Guidelines.
- _____ Pressley Reed, The Medical Disability Advisor.
- _____ Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- _____ Texas TACADA Guidelines.
- _____ TMF Screening Criteria Manual.
- _____ Peer reviewed national accepted medical literature (provide a description).
- _____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)